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CONFIRMATION NO. 8504

<b>SERIAL NUMBER</b> 10/820,647	<b>FILING OR 371(c) DATE</b> 04/07/2004 <b>RULE</b>	<b>CLASS</b> 544	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> 063768-0309115
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*OR* This appln claims benefit of 60/464,581 04/17/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None OR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
06/23/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 70	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>OR</i>				

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## TITLE

Aryl compounds as modulators of PPARS and methods of treating metabolic disorders

<b>FILING FEE RECEIVED</b> 1632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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